```
Child Care

--------------------------------------------------------------------------------

Q13-ROS-3 [] Section: Child Care

([flag indicating if a non-biological child in R's household]>0)
COMMENT: WERE ANY NON-BIO CHILDREN REPORTED IN THE HOUSEHOLD IN THE HHI SECTION?

If Answer = 1 Then GoTo  Q13-ROS-10

Default Next:  Q13-ROS-10Lead-In:          Q12-172[2:2], Q12-175 [-2:-2], Q12-172 [-1:-1],
Q12-175 [-1:-1], Q12-174 [0:0], Q12-172 [2:2], Q12-175B [Default], Q12-175A [Default]

--------------------------------------------------------------------------------

Q13-ROS-10 [] Section: Child Care

([current number of bio children on roster]>0)
COMMENT: WERE ANY BIO CHILDREN REPORTED?

If Answer = 1 Then GoTo  Q13-ROS-19

Default Next:  Q13-ROS-19Lead-In:          Q13-ROS-3 [1:1], Q13-ROS-3 [Default]

--------------------------------------------------------------------------------

Q13-ROS-19 [] Section: Child Care

([number of children in household]>0)
COMMENT: SKIP OUT IF NO CHILDREN IN HOUSEHOLD

If Answer = 1 Then GoTo  Q13-0

Default Next:  Q14-1-ALead-In:          Q13-ROS-10 [1:1], Q13-ROS-10 [Default]

--------------------------------------------------------------------------------

Q13-0 [] Section: Child Care

([number of children in household])
COMMENT: SKIP ACCORDING TO NUMBER OF CHILDREN IN HOUSEHOLD

0  -  0 NO CHILDREN ON ROSTER
1  -  10 ONE OR MORE CHILDREN ON ROSTER

If Answer = 1 Then GoTo  Q13-1
If Answer >= 2 AND Answer <= 99 Then GoTo  Q13-1

Default Next:  Q14-1-ALead-In:          Q13-ROS-19 [1:1]

--------------------------------------------------------------------------------

Q13-1 [] Section: Child Care

*********************SECTION 13 CHILD CARE*******************************

Now I have some questions about the youngest child living in your household.

Default Next:  Q13-2ALead-In:          Q13-0 [1:1], Q13-0 [2:99]

--------------------------------------------------------------------------------

Q13-2A [] Section: Child Care

How often do you get a chance to read stories to [name of youngest child in household]?
```

(INTERVIEWER: READ CATEGORIES ONLY IF NECESSARY)

    6   Every day
    5   About 3 times a week
    4   Once a week
    3   Several times a month
    2   Several times a year
    1   Never

Default Next: Q13-2BLead-In: Q13-1 [Default]

Q13-2B [] Section: Child Care

Sometimes kids mind pretty well and sometimes they don't. Sometimes they do things that
make you feel good. How many times in the past week have you ...

had to spank [name of youngest child in household]?

(ENTER NUMBER OF TIMES:)

Enter Answer:
Default Next: Q13-2CLead-In: Q13-2A [Default]

Q13-2C [] Section: Child Care

([age of youngest child in household]<=3)
COMMENT: IS CHILD AGED THREE OR YOUNGER?

If Answer = 1 Then GoTo Q13-2G

Default Next: Q13-2DLead-In: Q13-2B [Default]

Q13-2D [] Section: Child Care

(How many times in the past week have you ...)

grounded [name of youngest child in household]?

(ENTER NUMBER OF TIMES:)

Enter Answer:
Default Next: Q13-2ELead-In: Q13-2C [Default]

Q13-2E [] Section: Child Care

(How many times in the past week have you ...)

taken away [name of youngest child in household]'s TV or other privileges?

(ENTER NUMBER OF TIMES:)

Enter Answer:
Default Next: Q13-2FLead-In: Q13-2D [Default]

Q13-2F [] Section: Child Care

(How many times in the past week have you ...)

taken away [name of youngest child in household]'s allowance?

(ENTER NUMBER OF TIMES:)

Enter Answer:
Default Next: Q13-2GLead-In: Q13-2E [Default]

Q13-2G [] Section: Child Care

(How many times in the past week have you ...)

praised [name of youngest child in household] for doing something worthwhile?

(ENTER NUMBER OF TIMES:)

Enter Answer:
Default Next: Q13-2HLead-In: Q13-2C [1:1], Q13-2F [Default]

Q13-2H [] Section: Child Care

(How many times in the past week have you ...)

shown [name of youngest child in household] physical affection (kiss, hug, stroke hair,
etc.)?

(ENTER NUMBER OF TIMES:)

Enter Answer:
Default Next: Q13-2ILead-In: Q13-2G [Default]

Q13-2I [] Section: Child Care

([age of youngest child in household]<=1)
COMMENT: IS CHILD AGED ONE OR YOUNGER?

If Answer = 1 Then GoTo Q13-2K

Default Next: Q13-2JLead-In: Q13-2H [Default]

Q13-2J [] Section: Child Care

(How many times in the past week have you ...)

sent [name of youngest child in household] to his/her room or put him/her in
a time out?

(ENTER NUMBER OF TIMES:)

Enter Answer:
Default Next: Q13-2KLead-In: Q13-2I [Default]

Q13-2K [] Section: Child Care

(How many times in the past week have you ...)

told another adult (spouse, friend, co-worker, visitor, relative) something positive
about [name of youngest child in household]?

(ENTER NUMBER OF TIMES:)

Enter Answer:
Default Next: Q13-2LLead-In: Q13-2I [1:1], Q13-2J [Default]

Q13-2L [] Section: Child Care

(([flag indicating whether R sworn into active military since date of last interview]
(1)=1) or (([flag indicating if R has done any work for pay since date of last
interview]=1) and ([flag indicating if R is currently working](1)=1)) or ([is R currently
enrolled]=1) or ([flag indicating if R is currently enrolled in a training program]=1))
COMMENT: Is R in active military, currently employed, attending school, or currently in
a training program? If so, branch directly to the type of care question

If Answer = 1 Then GoTo Q13-5D_VERBATIM

Default Next: Q13-3Lead-In: Q13-2K [Default]

Q13-3 [] Section: Child Care

(HAND CARD JJ) In the past 4 weeks, did you regularly participate in any of the
following types of activities?

(CODE ALL THAT APPLY)

 1   Going to school or college
 2   Other instruction or training
 3   Looking for work
 4   Volunteer work
 5   Recreational activities
 6   Shopping
 7   Other (SPECIFY)
 8   NO REGULAR ACTIVITIES

Default Next: Q13-3BLead-In: Q13-2L [Default]

Q13-3B [] Section: Child Care

INLIST ([Q13-3],8)
COMMENT: WAS NO REGULAR ACTIVITIES CHOSEN IN Q13-3?

If Answer = 1 Then GoTo Q13-4A

Default Next: Q13-5D_VERBATIMLead-In: Q13-3 [Default]

Q13-4A [] Section: Child Care

(Not counting regular school) In the past four weeks has [name of youngest child
in household] been cared for in any regular arrangement such as a day care, nursery
school play group, babysitter, relative, or some other child care arrangement?

 1   Yes   ...(Go To Q13-5D_VERBATIM)
 0   No

Default Next: Q13-16Lead-In: Q13-3B [1:1]

Q13-5D_VERBATIM [] Section: Child Care

During the last 4 weeks, what was [name of youngest child in household] usually
doing or how was [name of youngest child in household] usually cared for during
MOST OF THE HOURS that [name of youngest child in household] was in a child care
arrangement.

(RECORD VERBATIM AND CODE ONE ONLY)

(CODE WITHOUT READING CATEGORIES)

RECORD VERBATIM
Default Next: Q13-5DLead-In: Q13-4A [1:1], Q13-2L [1:1], Q13-3B [Default]

Q13-5D [] Section: Child Care

   1   CHILD'S OTHER PARENT OR STEPPARENT
   2   CHILD'S GRANDPARENT
   3   CHILD'S SIBLING UNDER AGE 15
   4   CHILD'S SIBLING AGE 15 OR OVER
   5   OTHER RELATIVE OF CHILD UNDER AGE 15
   6   OTHER RELATIVE OF CHILD AGE 15 OR OVER
   7   NONRELATIVE OF CHILD UNDER AGE 15
   8   NONRELATIVE OF CHILD AGE 15 OR OVER
   9   CHILD IN DAY CARE CENTER OR GROUP CARE CENTER
  10   CHILD IN NURSERY SCHOOL OR PRESCHOOL
  11   CHILD IN DAY CAMP
  12   CHILD IN OVERNIGHT RESIDENCE CAMP
  13   CHILD IN KINDERGARTEN, ELEMENTARY, OR SECONDAY SCHOOL   ...(Go To Q13-7)
  14   CHILD CARES FOR SELF
  15   R'S WORK OR ACTIVITY AT HOME   ...(Go To Q13-7)
  16   R CARES FOR CHILD AT WORK OR PLACE OF ACTIVITY   ...(Go To Q13-7)
  17   OTHER ARRANGEMENT (SPECIFY)

Default Next: Q13-5ELead-In: Q13-5D_VERBATIM [Default]

Q13-5E [] Section: Child Care

[Q13-5d]
COMMENT: JUMP ACCORDING TO ANSWER IN Q13-5d

If Answer >= 1 AND Answer <= 8 Then GoTo Q13-5F VERBATIM
If Answer >= 9 AND Answer <= 12 Then GoTo Q13-5G
If Answer >= 14 AND Answer <= 17 Then GoTo Q13-5G

Default Next: Q13-5F_VERBATIMLead-In: Q13-5D [Default]

Q13-5F_VERBATIM [] Section: Child Care

Where was [name of youngest child in household] usually cared for under this arrangement?

(RECORD VERBATIM AND CODE ONLY ONE)

RECORD VERBATIM
Default Next: Q13-5FLead-In: Q13-5E [1:8], Q13-5E [Default]

Q13-5F [] Section: Child Care

   1   CHILD'S HOME
   2   OTHER PRIVATE HOME
   3   OTHER PLACE (SPECIFY)

Default Next: Q13-5GLead-In: Q13-5F_VERBATIM [Default]

Q13-5G [] Section: Child Care

([Q13-5d]=12)
COMMENT: IS CHILD IN A RESIDENCE CAMP?

If Answer = 1 Then GoTo Q13-10A

Default Next: Q13-5HLead-In: Q13-5E [9:12], Q13-5E [14:17], Q13-5F [Default]

Q13-5H [] Section: Child Care

About how many hours per week was [name of youngest child in household] usually
cared for under this arrangement?

   1   SELECT TO ENTER NUMBER OF HOURS   ...(Go To Q13-6A)
 996   OVERNIGHT RESIDENCE CAMP   ...(Go To Q13-10A)

Default Next: Q13-7Lead-In: Q13-5G [Default]

Q13-6A [] Section: Child Care

(About how many hours per week was [name of youngest child in household] usually
cared for under this arrangement?)

(ENTER NUMBER OF HOURS:)

Enter Answer:
Default Next: Q13-7Lead-In: Q13-5H [1:1]

Q13-7 [] Section: Child Care

Was [name of youngest child in household] usually cared for this way during all of
the hours that [name of youngest child in household] was in a child care arrangement
during the last four weeks?

 1   Yes   ...(Go To Q13-10A)
 0   No

Default Next: Q13-8 VERBATIMLead-In: Q13-5D [13:13], Q13-5D [15:16], Q13-5H
[Default], Q13-6A [Default]

Q13-8_VERBATIM [] Section: Child Care

During the last 4 weeks, what was [name of youngest child in household] usually
doing or how was [name of youngest child in household] usually cared for during
the OTHER hours that [name of youngest child in household] was in a child care
arrangement during the last four weeks?

(RECORD VERBATIM AND CODE ONLY ONE)

(CODE WITHOUT READING CATEGORIES)

RECORD VERBATIM
Default Next: Q13-8Lead-In: Q13-7 [Default]

Q13-8 [] Section: Child Care

   1   CHILD'S OTHER PARENT OR STEPPARENT
   2   CHILD'S GRANDPARENT
   3   CHILD'S SIBLING UNDER AGE 15
   4   CHILD'S SIBLING AGE 15 OR OVER
   5   OTHER RELATIVE OF CHILD UNDER AGE 15
   6   OTHER RELATIVE OF CHILD AGE 15 OR OVER
   7   NONRELATIVE OF CHILD UNDER AGE 15

```
   8   NONRELATIVE OF CHILD AGE 15 OR OVER
   9   CHILD IN DAY CARE CENTER OR GROUP CARE CENTER
  10   CHILD IN NURSERY SCHOOL OR PRESCHOOL
  11   CHILD IN DAY CAMP
  12   CHILD IN OVERNIGHT RESIDENCE CAMP
  13   CHILD IN KINDERGARTEN, ELEMENTARY, OR SECONDAY SCHOOL    ...(Go To Q13-10A)
  14   CHILD CARES FOR SELF
  15   R'S WORK OR ACTIVITY AT HOME    ...(Go To Q13-10A)
  16   R CARES FOR CHILD AT WORK OR PLACE OF ACTIVITY    ...(Go To Q13-10A)
  17   OTHER ARRANGEMENT (SPECIFY)

Default Next:  Q13-8ALead-In:          Q13-8_VERBATIM [Default]

-------------------------------------------------------------------------------

Q13-8A [] Section: Child Care

[Q13-8]
COMMENT: SKIP ACCORDING TO TYPE OF CHILD CARE ARRANGEMENT REPORTED

If Answer >= 1 AND Answer <= 8 Then GoTo  Q13-8B VERBATIM
If Answer >= 9 AND Answer <= 17 Then GoTo  Q13-8C

Default Next:  Q13-8B_VERBATIMLead-In:          Q13-8 [Default]

-------------------------------------------------------------------------------

Q13-8B_VERBATIM [] Section: Child Care

Where was [name of youngest child in household] usually care for under this arrangement?

(RECORD VERBATIM AND CODE ONLY ONE)

RECORD VERBATIM
Default Next:  Q13-8BLead-In:          Q13-8A [1:8], Q13-8A [Default]

Q13-8B [] Section: Child Care


   1   CHILD'S HOME
   2   OTHER PRIVATE HOME
   3   OTHER PLACE (SPECIFY)

Default Next:  Q13-8CLead-In:          Q13-8B_VERBATIM [Default]

-------------------------------------------------------------------------------

Q13-8C [] Section: Child Care

([Q13-8]=12)
COMMENT: WAS RESIDENCE CAMP REPORTED IN Q13-8?

If Answer = 1 Then GoTo  Q13-10A

Default Next:  Q13-8DLead-In:          Q13-8A [9:17], Q13-8B [Default]

-------------------------------------------------------------------------------

Q13-8D [] Section: Child Care

About how many hours per week was [name of youngest child in household] usually
cared for under this arrangement?


   1   SELECT TO ENTER NUMBER OF HOURS    ...(Go To Q13-8F)
 996   OVERNIGHT RESIDENCE CAMP    ...(Go To Q13-10A)

Default Next:  Q13-10ALead-In:          Q13-8C [Default]

-------------------------------------------------------------------------------
```

Q13-8F [] Section: Child Care

(About how many hours per week was [name of youngest child in household] usually
cared for under this arrangement?)

(ENTER NUMBER OF HOURS:)

Enter Answer:
Default Next: Q13-10A   Lead-In: Q13-8D [1:1]

Q13-10A [] Section: Child Care

(Not counting tuition for kindergarten, elementary, or secondary school, or overnight
camp), did [your or your spouse/you or your partner] usually pay for ANY of the child
care that your [child/children] received in the last four weeks?

(INTERVIEWER: RESPONDENTS SHOULD INCLUDE EXPENSES FOR ALL CHILDREN.)

 1   Yes   ...(Go To Q13-10B)
 0   No

Default Next: Q13-11   Lead-In: Q13-5G [1:1], Q13-8C [1:1], Q13-7 [1:1], Q13-8
[13:13], Q13-8 [15:16], Q13-5H [996:996], Q13-8D [996:996], Q13-8D [Default], Q13-8F
[Default]

Q13-10B [] Section: Child Care

(Not counting tuition for kindergarten, elementary, or secondary school, or overnight
camp), how much do [your or your spouse/you or your partner] usually pay, per week,
for child care?

(INTERVIEWER: RESPONDENTS SHOULD INCLUDE EXPENSES FOR ALL CHILDREN.)

Enter Answer:
Default Next: Q13-11   Lead-In: Q13-10A [1:1]

Q13-11 [] Section: Child Care

During the last four weeks, did [your or your spouse/you or your partner] lose any
time from work because the person who usually took care of the [child/children] was
not available?

 1   Yes
 0   No

Default Next: Q13-16   Lead-In: Q13-10A [Default], Q13-10B [Default]

Q13-16 [] Section: Child Care

Have you had to turn down a job offer in the last four weeks because of difficulties
in arranging child care for your [child/children]?

 1   Yes
 0   No

Default Next: Q14-1-A   Lead-In: Q13-11 [Default], Q13-4A [Default]

==

Health

Q14-1-A [] Section: Health

***********************SECTION 14 HEALTH**

Now I would like to ask you some questions about your general state of health.

Default Next: Q14-1Lead-In: Q13-ROS-19 [Default], Q13-0 [Default], Q13-16
[Default]

Q14-1 [] Section: Health

([flag indicating whether R sworn into active military since date of last interview]
(1)=1) or ([flag indicating if R has done any work for pay since date of last interview] =
1)
COMMENT: Machine check: Is R on active duty or reported at least one employer in Section
7?

If Answer = 1 Then GoTo Q14-1A

Default Next: Q14-1BLead-In: Q14-1-A [Default]

Q14-1A [] Section: Health

Are you limited in the kind of work you do on a job for pay because of your health?

 1   Yes   ...(Go To Q14-6B)
 0   No

Default Next: Q14-2ALead-In: Q14-1 [1:1]

View Help Screen

Q14-1B [] Section: Health

Would you be limited in the kind or amount of work you could do on a job for pay
because of your health?

 1   Yes   ...(Go To Q14-6B)
 0   No

Default Next: Q14-2ALead-In: Q14-1 [Default]

View Help Screen

Q14-2A [] Section: Health

Do you have any physical, emotional, or mental conditions that limit your ability
to attend school regularly or do regular school work?

```
  1   Yes    ...(Go To Q14-6B)
  0   No

Default Next:  Q14-5ALead-In:         Q14-1B [Default], Q14-1A [Default]

-------------------------------------------------------------------------------

Q14-5A [] Section: Health

Do you have any physical, emotional, or mental conditions that require frequent
medical attention, regular use of medication, or the use of special equipment such
as a brace, crutches, a wheelchair, special shoes, an air filter, a catheter and
so on?

  1   Yes    ...(Go To Q14-6B)
  0   No

Default Next:  Q14-10GLead-In:         Q14-2A [Default]

-------------------------------------------------------------------------------

Q14-6B [] Section: Health

([gender of the R]=1)

If Answer = 1 Then GoTo  Q14-8A

Default Next:  Q14-6CLead-In:         Q14-1B [1:1], Q14-2A [1:1], Q14-5A [1:1],
Q14-1A [1:1]

-------------------------------------------------------------------------------

Q14-6C [] Section: Health

([flag indicating if R is pregnant]=1)
COMMENT: check if YA is preg from sect 12

If Answer = 1 Then GoTo  Q14-7

Default Next:  Q14-8ALead-In:         Q14-6B [Default]

-------------------------------------------------------------------------------

Q14-7 [] Section: Health

Is your limitation entirely due to your current pregnancy?

  1   Yes    ...(Go To Q14-10G)
  0   No

Default Next:  Q14-8ALead-In:         Q14-6C [1:1]

View Help Screen

-------------------------------------------------------------------------------

Q14-8A [] Section: Health

What is/are your health condition(s) or limitation(s)?

(PROBE IF NECESSARY:) What is it called?

(INTERVIEWER: CONDITIONS ARE LISTED IN ALPHABETICAL ORDER. CHOICE NUMBER 34 IS
'OTHER (SPECIFY)'- MAKE SURE TO USE THIS CHOICE IF R'S APPROPRIATE CONDITION IS
NOT ON LIST.)

(CODE ALL THAT APPLY WITHOUT READING CATEGORIES.)
```

```
 1    Allergic condition(s) NOT including asthma or hay fever  2    Asthma
 3    Anemia  4    Appendicitis
 5    Blood disorder or immune deficiency (other than anemia)  6    Bronchitis
 7    Bunions,  calluses, corns, foot problems  8    Cancer, tumor
 9    Crippled, orthopedic handicap 10    Diabetes
11    Ear infections 12    Epilepsy/seizures
13    Gallstones 14    Hay fever
15    Hearing difficulty or deafness 16    Heart trouble
17    Hemorrhoids or piles 18    Hernia
19    Hyperkinesis, hyperactivity 20    Kidney stones
21    Laryngitis 22    Learning disability (i.e. dyslexia)
23    Mental Retardation 24    Migraine
25    Minimal brain dysfunction, minimal cerebral dysfunction, Attention deficit disorder
26    Nervous Disorder
27    Phlebitis 28    Respiratory disorder
29    Sciatica 30    Sinus
31    Speech Impairment 32    Ulcer
33    Venereal Disease 34    Other (SPECIFY)
```

Default Next: Q14-8CLead-In: Q14-6B [1:1], Q14-6C [Default], Q14-7 [Default]

Q14-8C [] Section: Health

([number of R's illnesses] >1)

If Answer = 0 Then GoTo Q14-10EA

Default Next: Q14-10BLead-In: Q14-8A [Default]

Q14-10B [] Section: Health

Which ONE of these health conditions would you say is the main cause of your limitation?

INTERVIEWER: IF R CHOSE ONLY ONE IN Q14-8b, SELECT IT AND CONTINUE

Default Next: Q14-10EALead-In: Q14-8C [Default]

Q14-10EA [] Section: Health

Since what month and year have you had this limitation, [illness name] (other
than a pregnancy)?

```
 1    SELECT TO ENTER MONTHS    ...(Go To Q14-10FA)
 2    SELECT TO ENTER YEARS     ...(Go To Q14-10FB)
 0    IF VOLUNTEERED: "ALL MY LIFE"
```

Default Next: Q14-10GLead-In: Q14-8C [0:0], Q14-10B [Default]

Q14-10FA [] Section: Health

(How long have you had this limitation, [illness name] (other than pregnancy)?)

Enter Answer:
Default Next: Q14-10GLead-In: Q14-10EA [1:1]

Q14-10FB [] Section: Health

(How long have you had this limitation, [illness name] (other than pregnancy)?)

Enter Answer:
Default Next: Q14-10GLead-In: Q14-10EA [2:2]

Q14-10G [] Section: Health

How would you describe your present health? Is it...

 1   Poor
 2   Fair
 3   Good
 4   Very Good
 5   Excellent

Default Next: Q14-11Lead-In: Q14-7 [1:1], Q14-10FA [Default],
Q14-5A [Default], Q14-10EA [Default], Q14-10FB [Default]

Q14-11 [] Section: Health

During the past 12 months have you had any accidents or injuries that required
medical attention?

 1   Yes   ...(Go To Q14-11-AA)
 0   No

Default Next: Q14-13Lead-In: Q14-10G [Default]

Q14-11-AA [] Section: Health

How many such accidents or injuries requiring medical attention have you had in
the past 12 months?

Enter Answer:
If Answer = 0 Then GoTo Q14-13

Default Next: Q14-11-BLead-In: Q14-11 [1:1]

Q14-11-B [] Section: Health

Did any of these accidents or injuries require hospitalization?

 1   Yes   ...(Go To Q14-11-LOOP-BEGIN)
 0   No

Default Next: Q14-13Lead-In: Q14-11-AA [Default]

Q14-11-LOOP-BEGIN [] Section: Health

REPEAT([Loop counter for accidents/injuries])
COMMENT: start loop about accidents

Default Next: Q14-11-ABLead-In: Q14-11-B [1:1]

Q14-11-AB [] Section: Health

([Loop counter for accidents/injuries])
COMMENT: check to see if this is the first loop through

```
1  1
2  2
3  3
4  4
5  5
6  6
7  7
8  8
9  9
10 10
0  0
```

If Answer = 1 Then GoTo Q14-11A

Default Next: Q14-11BLead-In: Q14-11-LOOP-BEGIN [Default]

Q14-11A [] Section: Health

How many such accidents or injuries requiring hospitalization have you had in the past 12 months?

Enter Answer:
If Answer >= -2 AND Answer <= -1 Then GoTo Q14-11-LOOP-END
If Answer = 0 Then GoTo Q14-11-LOOP-END

Default Next: Q14-11BLead-In: Q14-11-AB [1:1]

Q14-11B [] Section: Health

Thinking of your [label to differentiate between R's most recent accident and any previous accidents] accident or injury in what month and year did it occur?

Enter Date:
 Month Year
Default Next: Q14-11C_VERBATIMLead-In: Q14-11-AB [Default], Q14-11A [Default]

Q14-11C_VERBATIM [] Section: Health

What was the cause of the [label to differentiate between R's most recent accident and any previous accidents] accident or injury?

(INTERVIEWER: CODE WITHOUT READING CATEGORIES)

(RECORD VERBATIM AND CODE ONLY ONE)

RECORD VERBATIM
Default Next: Q14-11CLead-In: Q14-11B [Default]

Q14-11C [] Section: Health

   1   MOTOR VEHICLE ACCIDENT AS OCCUPANT
   2   MOTOR VEHICLE ACCIDENT AS PEDESTRIAN
   3   CYCLING
   4   FALL UNRELATED TO ATHLETICS OR SPORTS ACTIVITY
   5   FALL/CONTACT RELATED TO ATHLETICS/SPORTS ACTIVITY
   6   FIRE OR SMOKE
   7   HOT LIQUID
   8   TOY OR ITEM INTENDED FOR CHILD USE
   9   EQUIPMENT OR DEVICE NOT INTENDED FOR A CHILD
  10   POISONING
  11   SMASHED BODY PART: CAR/DOOR/WINDOW BRUISE/CONTUSION
  12   ADULT INJURED CHILD ACCIDENTLY (PULL/LIFT INJURY)

```
13    INTENTIONAL VIOLENT INJURY
14    "ROUGH HOUSING,"/IMPACT INJURY: WRESTLING, ETC.
16    FIGHTING: BROKE BONE/NOSE, HIT IN FACE, SHOT, STABBED, ETC. 1
 7    STRUCK BY OBJECT FROM OTHER PERSON (INTENT UNKNOWN)
18    INSECT STING OR BITE
19    STEPPED ON SHARP OBJECT, I.E. GLASS/NAILS/METAL
20    RAN INTO STATIONARY OBJECT (NOT IN HOME ENVIRONMENT)
22    RAN INTO STATIONARY OBJECT (HOME ENVIRONMENT)
21    ANIMAL BITE
23    CUT BY SHARP OBJECT, I.E. KNIFE/GLASS/TOOL
24    BURN, I.E. FROM HEATER/CIGARRETTE/OVEN/STOVE
25    JUMP/FALL ACCIDENT, I.E. OFF FURNITURE/OTHER OBJECT
26    "TEMPER" INJURIES, I.E. FELL, KICKED FURNITURE, ETC.
15    OTHER (SPECIFY)
```

Default Next: Q14-11DLead-In: Q14-11C_VERBATIM [Default]

Q14-11D [] Section: Health

What specific injury or conditions resulted from this accident or injury?

(INTERVIEWER: READ CATEGORIES ONLY IF NECESSARY)

(CODE ALL THAT APPLY)

```
 1    Broken or dislocated bones
 2    Sprain, strain or pulled muscle
 3    Wound: cuts, scrape, puncture
 4    Head injury, concussion
 5    Bruise, contusion or internal bleeding
 6    Burn, Scald
 7    Illness or effect from poisons, medicine (drugs), etc..
 8    Other (SPECIFY)
```

Default Next: Q14-11ELead-In: Q14-11C [Default]

Q14-11E [] Section: Health

Where did the accident or injury happen?

(INTERVIEWER: READ CATEGORIES ONLY IF NECESSARY)

```
 1    At home (any, not necessarily respondent's)
 2    School (including grounds and athletic areas)
 3    Place of work
 4    Street or highway
 5    Public building or space (other than streets or schools)
 6    Place of recreation and sports except school
 7    Farm or agricultural area, except farm house
 8    Other (SPECIFY)
```

Default Next: Q14-11-LOOP-ENDLead-In: Q14-11D [Default]

Q14-11-LOOP-END [] Section: Health

UNTIL ([Loop counter for accidents/injuries], ([Loop counter for accidents/injuries]
=[accident_num]) or ([accident_num]<=0))

Default Next: Q14-13Lead-In: Q14-11A [-2:-1], Q14-11A [0:0], Q14-11E [Default]

Q14-13 [] Section: Health

([gender of the R]=1)
COMMENT: Check to see if R is male; if so branch over menses

If Answer = 1 Then GoTo Q14-14D

Default Next: Q14-13ALead-In: Q14-11-AA [0:0], Q14-11-B [Default],
Q14-11-LOOP-END [Default], Q14-11 [Default]

Q14-13A [] Section: Health

SYMBOLEXIST ([whether R has had menses])
COMMENT: set symbol for next question

If Answer = 1 Then GoTo Q14-13B

Default Next: Q14-14ALead-In: Q14-13 [Default]

Q14-13B [] Section: Health

([whether R has had menses]=1)
COMMENT: Check to see if menses information has already been collected.

If Answer = 1 Then GoTo Q14-14D

Default Next: Q14-14ALead-In: Q14-13A [1:1]

Q14-14A [] Section: Health

Have you ever had a menstrual period?

 1   Yes
 0   No   ...(Go To Q14-14D)

Default Next: Q14-14BLead-In: Q14-13A [Default], Q14-13B [Default]

Q14-14B [] Section: Health

How old were you when you had your first menstrual period.

(ENTER AGE:)

Enter Answer:
If Answer = -1 Then GoTo Q14-14D

Default Next: Q14-14CLead-In: Q14-14A [Default]

Q14-14C [] Section: Health

In what month and year did you have your first period?

(ENTER MONTH AND YEAR:)

Enter Date:
 Month Year
Default Next: Q14-14DLead-In: Q14-14B [Default]

Q14-14D [] Section: Health

([living arrangement of R]=19) or ([living arrangement of R]=20) or ([flag indicating
if R's mother lives in R's household]>0 and [flag indicating if R's father resides in
R's household]>0) or ([flag indicating if R's mother lives in R's household]>0 and
[flag indicating if R's father resides in R's household]=0)
COMMENT: IS R IN HH WITH BOTH PARENTS OR WITH MOTHER ONLY?

If Answer = 1 Then GoTo Q14-20

Default Next: Q14-15Lead-In: Q14-14A [-1:-1], Q14-14B [-1:-1], Q14-14A [0:0],
Q14-13 [1:1], Q14-13B [1:1], Q14-14C [Default]

Q14-15 [] Section: Health

In the past 12 months have you had any illnesses that required medical attention or
treatment?

  1   Yes   ...(Go To Q14-15A)
  0   No

Default Next: Q14-16Lead-In: Q14-14D [Default]

View Help Screen

Q14-15A [] Section: Health

How many such illnesses have you had in the past 12 months?

(ENTER NUMBER OF ILLNESSES:)

Enter Answer:
Default Next: Q14-16Lead-In: Q14-15 [1:1]

Q14-16 [] Section: Health

When did you last see a doctor for treatment of an illness?

(INTERVIEWER: READ CATEGORIES ONLY IF NECESSARY)

  1   Less than 1 month ago
  2   1 - 3 months ago
  3   4 - 6 months ago
  4   7 - 11 months ago
  5   1 year - 23 month ago (less than 2 years) ago
  6   2 or more years ago
  7   Never

Default Next: Q14-17Lead-In: Q14-15 [Default], Q14-15A [Default]

Q14-17 [] Section: Health

When did you last see a doctor for a routine health check-up?

(INTERVIEWER: READ CATEGORIES ONLY IF NECESSARY)

  1   Less than 1 month ago
  2   1 - 3 months ago
  3   4 - 6 months ago
  4   7 - 11 months ago
  5   1 year - 23 month ago (less than 2 years) ago

```
6   2 or more years ago
7   Never
```

Default Next: Q14-20Lead-In: Q14-16 [Default]

Q14-20 [] Section: Health

How tall are you?

(ENTER NUMBER OF FEET:)

(INTERVIEWER: ENTER NUMBER OF INCHES ON NEXT SCREEN)

Enter Answer:
Default Next: Q14-20ALead-In: Q14-14D [1:1], Q14-17 [Default]

Q14-20A [] Section: Health

(How tall are you?)

(ENTER NUMBER OF INCHES:)

Enter Answer:
Default Next: Q14-21Lead-In: Q14-20 [Default]

Q14-21 [] Section: Health

How much do you weigh?

(ENTER NUMBER OF POUNDS)

Enter Answer:
Default Next: Q14-21ALead-In: Q14-20A [Default]

Q14-21A [] Section: Health

((([living arrangement of R]=19) or ([living arrangement of R]=20) or ([flag indicating
if R's mother lives in R's household]>0 and [flag indicating if R's father resides in
R's household]>0) or ([flag indicating if R's mother lives in R's household]>0 and
[flag indicating if R's father resides in R's household]=0)) and ([R's age]<21)
COMMENT: IS R IN HH WITH BOTH PARENTS OR WITH MOTHER ONLY AND UNDER AGE 21?

If Answer = 1 Then GoTo Q15-1A

Default Next: Q14-22Lead-In: Q14-21 [Default]

Q14-22 [] Section: Health

Now we have a couple of questions about health care plans.

First, is your health care now covered by health insurance provided by an employer,
the military, a student plan or by an individual plan that pays part or all of a
hospital or doctor's bill?

(PROBE IF NECESSARY:) Examples of health and hospitalization insurance plans include
Blue Cross, Blue Shield, HMO.

(THIS DOES NOT INCLUDE PUBLIC ASSISTANCE HEALTH CARE PROGRAMS.)

```
1   Yes
```

```
  0   No    ...(Go To Q14-24)

Default Next:  Q14-23Lead-In:          Q14-21A [Default]

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Q14-23 [] Section: Health

What is the source of your health plan? Is it your own policy bought directly from a
medical
insurance company, your parent's policy, an employer policy, or something else?


  1    Your Parent's policy
  2    Your or your spouse/partner's policy bought directly from insurance company
  3    Your employer's policy
  4    Your spouse/partner's employer policy
  6    Military health insurance
  7    Student insurance through school, college or university
  8    Other relative's policy
  5    Other (SPECIFY)

Default Next:  Q14-24Lead-In:          Q14-22 [Default]

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Q14-24 [] Section: Health

There is a national program called Medicaid (or Medi-Cal/Medical
Assistance/Welfare/Medical
Services) that pays for health care for persons in need. Is your health care now covered
by
Medicaid or one of these public assistance health care programs?


  1    Yes
  0    No

Default Next:  Q15-1ALead-In:          Q14-22 [0:0], Q14-23 [Default]
```